

Commonwealth of Kentucky
Natural Resources and Environmental Protection Cabinet
Division for Air Quality
803 Schenkel Lane
Frankfort, Kentucky 40601-1403
(502) 573-3382
FAX 573-3787

**APPLICATION
FOR ASBESTOS CERTIFICATION
(CONTRACTORS OR FACILITIES)**

The proper completion and return of this form is required for entity certification under 401 KAR 58:040. To be considered a complete application all requested information must be provided on this form, and the form must be signed by an authorized company officer, and accompanied by the required certification fee in the form of a **certified check or money order payable to Kentucky State Treasurer**. Failure to supply accurate information required by the Division to enable it to act upon the application may result in denial of certification.

DEP-7034

Rev. 1-06

DIVISION USE ONLY

RECEIPT NUMBER:

CERTIFICATE NUMBER:

RECEIVED:

COMPANY NAME:

TELEPHONE: ()

NAME OF OWNER OR COMPANY OFFICIAL: Mr./Ms.

MAILING ADDRESS: *Street or P.O. Box* _____

City _____ *State* _____ *Zip Code* _____

Total Fee for
Initial Certification is \$500.00.
(Includes \$100.00 filing fee.)

Total Fee for
Certification Renewal is \$250.00.
(Includes \$50.00 filing fee.)

No Fee for
Certification Modification

Fees for certification should not be combined in a single check with fees for other programs, such as accreditation.

**ASBESTOS
CERTIFICATION
DESIRED**

Initial

☐

Renewal

☐

Modification

☐

Copy of certificate, letter, or other proof, verifying completion of an EPA-approved training course and that a passing [70%] score was achieved on the accompanying test must be attached for all persons to be listed on the certificate.

I hereby acknowledge that I have read and understand this application and hereby swear or affirm that the contents of this application are true and correct to the best of my belief and knowledge. I acknowledge that I will be subject to the penalties for perjury for false statements contained in this application.

SIGNATURE: _____

Owner or Company Official

_____ Date